

**Assignment to Alternate Workweek
between the
State of Alaska
and the
Alaska Public Employees Association/AFT
Representing the Supervisory Unit**

Affecting:

Department of _____
Division of _____
Located at _____

The parties having agreed to the terms of the Alternate Workweek Master Letter of Agreement (SU 94-049), the following employee(s) are hereby appointed to the alternative schedule designated below:

PCN	Employee Name	Classification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The work schedule and terms and conditions of employment will be in accord with Option , (one or two) as set forth in the Master Letter of Agreement

This assignment will become effective on _____ and will remain in effect through _____ or until canceled by either party upon 15 days written notice. In the event of cancellation, the affected employee(s) will return to a normal work schedule in the first workweek following the required notice period.

For the Department:

For the APEA/AFT:

Immediate Supervisor

Employee

Date

Date

cc: Technical Service
Management Services
Personnel File

APEA Headquarters
211 Fourth Street, Suite 306
Juneau, AK 99801